

~~Handwritten signature~~  
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Account Number 05 1000 8843

Todd Silber

Documents received January 27, 2010

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FAX COVER SHEET (This page should be returned to us with your completed financial analysis form)  
\*\*PLEASE INCLUDE THE ACCOUNT NUMBER ON EVERY PAGE OF YOUR RETURNED PACKAGE\*\*

To: Loss Mitigation From: <u>Todd Silber</u> Fax to: 1-866-709-4744	Account Number(s) <u>118843</u> or mail to: Loss Mitigation 233 Gibraltar Road Suite 600 Horsham PA 19044
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All of the following information must be completed and returned to determine eligibility:

- Financial Analysis Form (Enclosed)
- A copy of the most recently filed signed federal income tax return, including all schedules and forms, for each borrower
- A signed and dated copy of IRS Form 4506T-EZ (Request for Transcript of Tax Return) with all applicable fields completed for each borrower -- (Borrowers who filed their tax returns jointly may send in one IRS Form 4506T-EZ signed and dated by both the joint filers.) (Enclosed)
- Documentation to verify all of the income of each borrower. Please see the chart below for the type of documentation required for each type of income.
- Documentation to verify expenses for Homeowners or Condominium Association Dues for condominiums and Co Ops. Please see the chart below.

TYPE OF INCOME	DOCUMENTATION REQUIRED
For each borrower who is paid by an employer:	<input type="checkbox"/> Copy of the two most-recent pay stubs from your employer <i>including year-to-date information</i> . Pay stubs or other documentation that shows year-to-date income must be submitted. Pay stubs cannot be more than 90 days old. If hired within the fiscal year of 2009, please include your employment start date.
Other earned income (e.g. bonus, commission, fee, housing allowance, tips, and/or overtime)	<input type="checkbox"/> Copy of third party documentation describing the nature of the income (e.g. an employment contract and/or printouts documenting tip income)
For each borrower who is self-employed:	<input type="checkbox"/> Copy of the most recent quarterly or year-to-date profit and loss statement
For each borrower who has benefit income such as Social Security, disability, death benefits, or pension:	<input type="checkbox"/> Copy of benefits statement or letter from the provider that states the amount and frequency of the benefit, AND <input type="checkbox"/> Copies of the two most-recent bank statements or other documentation showing receipt of benefit income. Bank statements cannot be over 90 days old.
For each borrower who has income such as unemployment or public assistance: <u>X</u>	<input type="checkbox"/> Copy of benefits statement or letter from the provider that states the amount, frequency, and duration of the benefit. Such benefit must continue for at least 9 months to be considered qualifying income. <input type="checkbox"/> Copies of the two most-recent bank statements or other documentation showing receipt of benefit income. Bank statements cannot be over 90 days old.
For each borrower who is relying on alimony or child support as qualifying income:	<input type="checkbox"/> Copy of divorce decree, separation agreement, or other legal written agreement filed with the court that shows the amount of the award and period of time over which it will be received, AND <input type="checkbox"/> Copies of the two most-recent bank statements or other documentation showing receipt of alimony or child support. Bank statements cannot be over 90 days old.
For each borrower who has rental income from an investment property:	<input type="checkbox"/> Copy of the most-recent federal tax return with all schedules, including Schedule E-Supplemental Income and Loss. If the subject property, on which the modification is being requested, is not your primary residence, please include the following: <input type="checkbox"/> Copy of the current lease agreement for this property
For each borrower who has income not specified above:	<input type="checkbox"/> Signed letter from the person(s) that contributes the income showing the amount and frequency of the income. This would include situations where the borrower rents a room of his or her primary residence to another person.

TYPE OF EXPENSE	DOCUMENTATION REQUIRED
For borrower(s) whose property requires Homeowners or Condominium Dues:	<input type="checkbox"/> A letter or billing statement from the Homeowners or Condominium Association or Co Op showing the amount and frequency of dues.

If you want to sell this property, please also include:

- ☐ Copy of the listing agreement
- ☐ Copy of the sales contract, if available
- ☐ Copy of the estimated Settlement Statement (HUD1), if available
- ☐ Signed Third Party Authorization Form

*A this Packet Includes All supporting Document. Plus additional informative info as well as a pleading letter for help.*

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## FINANCIAL ANALYSIS FORM

Account Number

8843

I want to: <input checked="" type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property		<input type="checkbox"/> Investment	
The property is my: <input checked="" type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home		<input type="checkbox"/> Vacant	
The property is: <input checked="" type="checkbox"/> Owner Occupied <input type="checkbox"/> Renter occupied			
<b>BORROWER</b>		<b>CO-BORROWER</b>	
BORROWER'S NAME <u>Todd Silber</u>		CO-BORROWER'S NAME	
SOCIAL SECURITY NUMBER <u>2236</u>	DATE OF BIRTH <u>8-13-76</u>	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME PHONE NUMBER WITH AREA CODE <u>-4156</u>		HOME PHONE NUMBER WITH AREA CODE	
CELL OR WORK NUMBER WITH AREA CODE <u>860-922-4156</u>		CELL OR WORK NUMBER WITH AREA CODE	
MAILING ADDRESS <u>73 Farham Rd. South Windsor Ct 06074</u>			
PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME) <u>Same</u>		EMAIL ADDRESS	
Is the property listed for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Have you received an offer on the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date of offer _____ Amount of Offer \$ _____ Agent's Name: _____ Agent's Phone Number: _____ For Sale by Owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please complete counselor contact information below. Counselor's Name: _____ Counselor's Phone Number: _____ Counselor's Email: _____	
Who pays the Real Estate Tax bill on your property? <input type="checkbox"/> I do <input checked="" type="checkbox"/> Lender does <u>Escrow</u> Are the taxes current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Condominium or HOA Fee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$ _____ Paid to: _____		Who pays the hazard insurance policy for your property? <input type="checkbox"/> I do <input type="checkbox"/> Lender Does <input type="checkbox"/> Paid by Condo or HOA Is the policy current? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name of Insurance Co. _____ Insurance Co. Tel #: _____	
Have you filed for bankruptcy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date: _____ Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Bankruptcy case number _____			
If there are additional Liens/Mortgages or Judgments on this property, please name the person(s), company or firm and their telephone numbers. Lien Holder's Name/Service Balance Contact Number Loan Number <u>N/A</u>			
<b>HARDSHIP AFFIDAVIT</b>			
I am having difficulty making my monthly payment because of financial difficulties created by (Please check all that apply):			
<input checked="" type="checkbox"/> My household income has been reduced or lost. For example unemployment, underemployment, reduced pay or hours, decline in business earnings, death in family, serious or chronic illness, permanent or short-term disability, incarceration, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members) or divorce of a borrower or co-borrower.		<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.	
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical or health care costs, uninsured losses (such as those due to fires or natural disasters), increased property taxes, or unexpectedly high utilities.		<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments).	
<input type="checkbox"/> Other _____			
Explanation (Required): <u>I have been unemployed from July to present. I have a lot of interview and should find employment soon. But need help from CMAC to lower my rate of payment some more.</u> <u>Lowering my mortgage will allow me to find work in different field. So I can get out of the job business. Or at least clear some more from my savings there I have had time again.</u> <u>Letter Attached.</u>			
If additional space is needed for Explanation, please include an additional page.			

# FINANCIAL ANALYSIS FORM

(Continued)

Account Number

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INCOME/EXPENSES FOR HOUSEHOLD		NUMBER OF PEOPLE IN HOUSEHOLD	
1 - Monthly Household Income		2 - Monthly Household Expenses/Debt	
Gross Salary/Wages  Gross salary/wages * total monthly income before any tax withholding or employer deductions.	\$ 2919.70	First Mortgage Payment	\$ 1990.80
Overtime	\$	Second Mortgage Payment/Liens/Rents	\$ X
Child Support/Alimony*	\$	Insurance - hazard, wind, flood, etc (If not escrowed and included in your current mortgage payment)	\$ Escrow in payment
Social Security/SSDI	\$	Property Taxes (If not escrowed and included in your current mortgage payment)	\$ Escrow in payment
Other monthly income from pensions, annuities or retirement plans	\$	Credit Cards/Installment Loan(s) (total minimum payment per month)	\$ Reducing to \$20/30 *
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments	\$ X
Rents Received	\$	Health Insurance	\$ X
Unemployment Income	\$	HOA/Condo Fees/Property Maintenance	\$ X
Food Stamps/Welfare	\$	Car Payments	\$ 209.46
Other (investment income, royalties, interest, dividends etc)	\$	Medical Expenses	\$ X
		Child Care	\$ X
		Student Loans/Personal Loans	\$ X
		Auto Expenses /Gasoline/Insurance	\$ 179.00
		Food/Household Supplies	\$ 40.95
		Water/Sewer/Utilities/Phone(s)/Cable	\$ 190
		Other <u>use for kids</u>	\$ 100
Total (Gross Income)	\$ 2919.70	Total Debt/Expenses	\$ 300-3300
		Total Assets	\$ 2154.23

Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)

> see letter!

\*\*\*\* ALL INCOME MUST BE DOCUMENTED \*\*\*\*

\*Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using a separate page if necessary. You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

If additional space is needed, please include an additional page.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES			
<p>The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.</p>			
<p><b>BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information</p> <p>Ethnicity: <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino</p> <p>Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White</p> <p>Sex: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male</p>		<p><b>CO-BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information</p> <p>Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p>Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male</p>	
<p>To be Completed by Interviewer</p> <p>This application was taken by:</p> <p><input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet</p>			
<p>Interviewer's Name (print or type) &amp; ID Number</p> <p>Interviewer's Signature Date</p> <p>Interviewer's Phone Number (include area code)</p>		<p>Name/Address of Interviewer's Employer</p>	

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<b>Form 4506T-EZ</b> (October 2009) Department of the Treasury Internal Revenue Service	<b>Short Form Request for Individual Tax Return Transcript</b>  Request may not be processed if the form is incomplete or illegible.	OMB No. 1545-2154
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Tip: Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first. <u>Todd Silber</u>	1b First social security number on tax return <u>00-1-2236</u>
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code <u>73 Farnham Rd. South Windsor Ct 06074</u>
4 Previous address shown on the last return filed if different from line 3

5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name <u>GMAC Loss Mitigation</u>	Telephone number
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Address (including apt., room, or suite no.), city, state, and ZIP code <u>233 Gibraltar Road Suite 600 Hingham RA. 19044</u>
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6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.


<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
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Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, either husband or wife must sign.

Note. This form must be received within 60 days of signature date.

Sign Here	Signature (see instructions) 	Date <u>1-23-2010</u>	Telephone number of taxpayer on line 1a or 2a <u>860-922-4156</u>
	Spouse's signature	Date	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 54186S

Form 4506T-EZ (10-2009)

## ACKNOWLEDGEMENT AND AGREEMENT

Account Number

8893

In making this request for consideration to review my loan terms I/We certify under penalty of perjury:

- 1 That all of the information in this document is truthful and the event(s) identified is/are the reason that I/we need to request a modification of the terms of my/our mortgage loan, short sale or deed-in-lieu of foreclosure.
- 2 I/we understand that the Servicer, the U.S. Department of the Treasury, or its agents may investigate the accuracy of my/our statements and/or may require me/us to provide supporting documentation. I/we also understand that knowingly submitting false information may violate Federal law.
- 3 I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
- 4 I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my/our home.
- 5 I/we understand any fee to validate the value of the property will be assessed to the account.
- 6 I/we have not received a condemnation notice; and there has been no change in the ownership of the Property since I/we signed the documents for the mortgage that I/we want to modify.
- 7 I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program, "excessive debt" means that my/our debt-to-income ratio after the modification would be greater than or equal to 55%.
- 8 I/we are willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
- 9 I/we understand that the Servicer will use the information in this document to evaluate my/our eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me/us assistance based solely on the statements in this document.
- 10 I/we agree that any prior waiver as to payment of escrow items in connection with my/our loan has been revoked.
- 11 I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on the loan.
- 12 I/we understand that the Servicer will collect and record personal information, including, but not limited to, my/our name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I/we understand and consent to the disclosure of my/our personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my/our first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD certified housing counselor.
- 13 ☒ My/Our property is owner occupied; I/we intend to reside in this property for the next twelve months.  
☐ My/Our property is not owner occupied.

Borrower Signature

Date

1/23/2010

Co-Borrower Signature

Date

If you have questions about this document or the modification process, please call us at the phone number listed on your monthly account statement. If you need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

**888-995-HOPE**  
Homeowner's HOPE Hotline

### NOTICE TO BORROWERS

Be advised that you are signing the following documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.

By signing the enclosed documents you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with this Agreement, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-822-4559 (fax), or [www.sig tarp.gov](http://www.sig tarp.gov). Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



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### **Important Tips/Reminders**

- The enclosed package encompasses requirements for all available programs, including the Government's Making Home Affordable program. For information and eligibility requirements under the Making Home Affordable program, visit [www.makinghomeaffordable.gov](http://www.makinghomeaffordable.gov) website. **Please wait to submit the financial package until ALL required forms are completed and necessary attachments included.**
- **Please continue to make your monthly payment.** If assistance is needed, it is recommended that you contact a credit counselor who is trained to guide you through your current financial situation. You can access [www.hud.gov](http://www.hud.gov) or call 800-225-5342 for more information regarding credit counselors.
- You may receive phone calls or letters from our office asking for a payment while we consider any options that might be available.
- All modifications require an escrow account for the payment of taxes and insurance. If your loan does not currently include an escrow account for the payment of taxes and insurance, one will be added.
- While being reviewed for a workout (other than the Making Home Affordable program), a fee to validate the value of the property may be assessed at your expense (approximate cost \$100 - \$150).
- As a condition of the modification, you may be required to enroll in an electronic payment program.

### **Frequently Asked Questions**

#### ***How long will it take to process my modification request and determine if I qualify for the program?***

We will review your request as quickly as possible. Once the package is returned to our office, Loss Mitigation will contact you within 10 business days advising the package was received and notifying you if additional information is required. Within 30 days from the date a complete package is received, you will be notified whether the modification option is available to you. If you aren't eligible for a modification, the reason for denial will be provided. Please note, however, that your modification will not be effective unless you meet all of the applicable conditions.

#### ***I pay my car insurance on a semi-annually or annual basis. How should I list that?***

Please make sure that the amount of the expense is broken down to a monthly premium amount.

**Example:** If the car insurance is \$500 for 6 months to determine the monthly premium divide \$500 by 6 months (\$83.33).

#### ***If I am submitting my tax returns, why do I need to complete the 4506T-EZ form?***

The 4506T-EZ form is required for a modification. If income tax information is missing that you are unable to provide, we will utilize the 4506T-EZ form to obtain the necessary information.

#### ***What information is needed on the form 4506T-EZ?***

Please complete the following:

- Line(s)**    **1a – 4:** List information as shown on your tax return  
                 **5:** Write the name, address, and telephone number shown on your monthly mortgage statement  
                 **6:** Write the year of the most-recent tax return you filed (Should be 2008 in most cases)

***Be sure to sign the form where indicated.***

The 4506T-EZ form states, "Caution: If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy." What do I enter for those items?

All applicable blanks on the form need to be completed. This disclaimer is provided as a warning that line 6 must be completed prior to signing the form.

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**Purpose of form.** Individuals can use Form 4506T-EZ to request a tax return transcript that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate a third party (such as a mortgage company) to receive a transcript on line 5. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request the following.

- A transcript of a business return (including estate and trust returns).
- An account transcript (contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

**Automated transcript request.** You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

**Where to file.** Mail or fax Form 4506T-EZ to the address below for the state you lived in when that return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different RAVS teams, send your request to the team based on the address of your most recent return.

## Where to mail . . .

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6718 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37105 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64908 816-292-6102

**Signature and date.** Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 60 days of the date signed by the taxpayer or it will be rejected.

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 9 min.; Preparing the form, 18 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see Where to file on this page.



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## Transaction History

### Disclaimer

The transactions and balances shown below may differ from your records because it may not include deposits in progress, outstanding checks, or other withdrawals, payments, purchases or charges. This report is for information only.

#### Account Title/Address:

TODD SILBER  
73 FARNHAM RD

SOUTH WINDSOR, CT 06074

#### Customer Name:

TODD SILBER

Acct #: 19654443

Acct Type: VIP FREE INTEREST CHECKING

Balance: \$653.98

Total Available Balance: \$653.98

Last Statement Date: 01/20/2010

#### History search parameters

Transaction	Amount	Date
Type: All Items	From:	From: 12/14/2009
	To:	To: 01/22/2010

#### Pending Transactions

Post Date	Transaction Type	Description	Check #	Amount/Rate
01/22/2010	NSF FEE REVERSAL	FEE REVERSAL, 00193, 110212	0000000000	37.00

#### Posted Transactions

Post Date	Transaction Type	Description	Check #	Amount/Rate	Resulting Balance
01/21/2010	CK CRD PIN PURCHASE	TANDY LEATHER 105TANDY LE 001	0000000000	15.64	\$616.98
01/20/2010	IOD INTEREST PAID	IOD INTEREST PAID	0000000000	0.03	\$632.62
01/20/2010	FEE-NSF PD CK CRD SIGN	BJ'S WHOLESALE 184 14412743344	0000000000	34.00	\$632.59
01/19/2010	CK CRD SIGNATURE PURCH	BJ'S WHOLESALE 184 14412743344	0000000000	40.63	\$666.59
01/19/2010	POD INCLEARING CHECKS	PAID CHECK	0000000953	237.00	\$707.22
01/19/2010	DEPOSIT	DEPOSIT	0000000000	679.00	\$944.22
01/15/2010	ACH WITHDRAWAL	GEICO CHECKPAYMT 09	0000000954	171.10	\$265.22
01/14/2010	CK CRD SIGNATURE PURCH	EAST HARTFORD HESS 1	0000000000	40.14	\$436.32
01/13/2010	CK CRD PIN PURCHASE	USPS 0875140174/850 CLUSP 0026	0000000000	32.71	\$476.46
01/12/2010	CK CRD SIGNATURE PURCH	HIGASHI JAPANESE R 00109843344	0000000000	24.35	\$509.17
01/12/2010	ACH WITHDRAWAL	GEMB RSF CHECKPAYMT 09	0000000949	70.00	\$533.52
01/11/2010	CK CRD SIGNATURE PURCH	BLIZZARD ENT*WOW S	0000000000	14.99	\$603.52
01/11/2010	CK CRD SIGNATURE PURCH	LE GOURMET CHEF #5 420 0143344	0000000000	38.13	\$618.51
01/11/2010	CK CRD SIGNATURE PURCH	QUICK STOP CONVENI	0000000000	49.61	\$656.64
01/11/2010	CK CRD PIN PURCHASE	CNS JOANN STORES, 1932CNS 6674	0000000000	6.49	\$706.25
01/11/2010	ACH WITHDRAWAL	Kohl's Chg Pmt Check PMT 09	0000000947	15.00	\$712.74
01/11/2010	CK CRD PIN PURCHASE	CNS TOYS R US 9759594334435765	0000000000	18.00	\$727.74
01/11/2010	ACH WITHDRAWAL	OLD NAVY CHECKPAYMT 09	0000000946	22.00	\$745.74
01/11/2010	CK CRD PIN PURCHASE	STOP & SHOP #699STOP & SH 001	0000000000	29.49	\$767.74
01/11/2010	CK CRD PIN PURCHASE	TARGET T1249 MANCHESTETAR 4900	0000000000	34.98	\$797.23

10845

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## Transaction History Continuation

### Disclaimer

The transactions and balances shown below may differ from your records because it may not include deposits in progress, outstanding checks, or other withdrawals, payments, purchases or charges. This report is for information only.

TODD SILBER

ACCT # 19654443

VIP FREE INTEREST CHECKING

### Results

Post Date	Transaction Type	Description	Check #	Amount/Rate	Resulting Balance
01/11/2010	ACH WITHDRAWAL	GENESIS WEB BANK Payment 09	0000000950	60.00	\$832.21
01/11/2010	ACH WITHDRAWAL	Cox Comm - CON CHECK PYMT 09	0000000951	132.98	\$892.21
01/11/2010	CK CRD PURCH REVERSAL	LE GOURMET CHEF #5 420 0143344	0000000000	26.49	\$1,025.19
01/08/2010	POD INCLEARING CHECKS	PAID CHECK	0000000952	195.00	\$998.70
01/08/2010	CK CRD PIN PURCHASE	STOP & SHOP #699STOP & SH 001	0000000000	28.67	\$1,193.70
01/08/2010	CK CRD PIN PURCHASE	BJ'S WHOLESALE C 1046 BJ' IN39	0000000000	109.17	\$1,222.37
01/07/2010	CK CRD SIGNATURE PURCH	NYS COLLECTION 2 0000014334435	0000000000	15.90	\$1,331.54
01/07/2010	POD INCLEARING CHECKS	PAID CHECK	0000000948	20.00	\$1,347.44
01/07/2010	CK CRD PIN PURCHASE	GEISSLER'S SUPER MARKEGEI 5346	0000000000	21.24	\$1,367.44
01/07/2010	DEPOSIT	DEPOSIT	0000000000	679.00	\$1,388.68
01/06/2010	CK CRD SIGNATURE PURCH	USPS 0833690128	0000000000	38.62	\$709.68
01/05/2010	CK CRD PIN PURCHASE	STOP & SHOP #699STOP & SH 001	0000000000	42.66	\$748.30
01/04/2010	POD INCLEARING CHECKS	PAID CHECK	0000000938	45.00	\$790.96
01/04/2010	ACH WITHDRAWAL	HSBC CREDIT SVC2 CHECKPAYMT 94	0000000943	20.00	\$835.96
01/04/2010	CK CRD PIN PURCHASE	BJ'S WHOLESALE C 1046 BJ' IN30	0000000000	33.32	\$855.96
01/04/2010	ACH WITHDRAWAL	CHASE CHECK PYMT 09	0000000941	70.00	\$889.28
01/04/2010	ACH WITHDRAWAL	DELL FINANCIAL CHECK PYMT 09	0000000944	75.00	\$959.28
01/04/2010	ACH WITHDRAWAL	CITICARD PAYMENT CHECK PYMT 09	0000000940	95.00	\$1,034.28
01/04/2010	ACH WITHDRAWAL	CHASE CHECK PYMT 09	0000000942	160.00	\$1,129.28
01/04/2010	ONLINE TRNSF-IMMEDIATE	TFR TO CK 0018870396	0000000000	25.00	\$1,289.28
01/04/2010	DEPOSIT AT ATM	1695 ELLINGTON RD 115719433443	0000000000	679.00	\$1,314.28
12/31/2009	CK CRD SIGNATURE PURCH	EBAY INC.	0000000000	28.12	\$635.28
12/31/2009	POD INCLEARING CHECKS	PAID CHECK	0000000939	209.27	\$663.40
12/31/2009	ACH WITHDRAWAL	YANKEE GAS CHECKPAYMT 94	0000000945	85.00	\$872.67
12/30/2009	CK CRD PIN PURCHASE	WAL-MART #1891WAL-MART #1 1891	0000000000	22.00	\$957.67
12/29/2009	CK CRD SIGNATURE PURCH	MR SPARKLE CAR WAS 14602743344	0000000000	9.99	\$979.67
12/29/2009	CK CRD SIGNATURE PURCH	FYE MANCHESTER 574 74100443344	0000000000	34.96	\$989.66
12/29/2009	CK CRD SIGNATURE PURCH	BJ'S FUEL #9184 38624043344357	0000000000	47.26	\$1,024.62
12/28/2009	CK CRD PIN PURCHASE	CNS BATH & BODY WOR062CNS 8972	0000000000	15.26	\$1,071.88
12/28/2009	CK CRD PIN PURCHASE	STOP & SHOP #699STOP & SH 001	0000000000	57.79	\$1,087.14
12/28/2009	CK CRD PIN PURCHASE	BJ'S WHOLESALE C 1046 BJ' IN32	0000000000	64.51	\$1,144.93
12/24/2009	DEPOSIT AT ATM	1695 ELLINGTON RD 115719433443	0000000000	679.00	\$1,209.44



## Transaction History Continuation

### Disclaimer

The transactions and balances shown below may differ from your records because it may not include deposits in progress, outstanding checks, or other withdrawals, payments, purchases or charges. This report is for information only.

TODD SILBER

ACCT # 19654443

VIP FREE INTEREST CHECKING

### Results

Post Date	Transaction Type	Description	Check #	Amount/Rate	Resulting Balance
12/23/2009	CK CRD SIGNATURE PURCH	BJ'S FUEL #9184 46824543344357	0000000000	45.78	\$530.44
12/22/2009	CK CRD SIGNATURE PURCH	USPS 0833690128	0000000000	5.65	\$576.22
12/22/2009	CK CRD SIGNATURE PURCH	VCA VALLEY #360 78525543344357	0000000000	51.00	\$581.87
12/21/2009	CK CRD PIN PURCHASE	STOP & SHOP #699STOP & SH 001	0000000000	14.08	\$632.87
12/21/2009	CK CRD PIN PURCHASE	BJ'S WHOLESALE C 1046 BJ' IN30	0000000000	118.47	\$646.95
12/18/2009	IOD INTEREST PAID	IOD INTEREST PAID	0000000000	0.02	\$765.42
12/18/2009	CK CRD SIGNATURE PURCH	USPS 0875140173000 097	0000000000	5.65	\$765.40
12/18/2009	CK CRD SIGNATURE PURCH	USPS 0875140173000 097	0000000000	12.74	\$771.05
12/18/2009	CK CRD SIGNATURE PURCH	FRIENDLY ICE CREAM 47207043344	0000000000	20.76	\$783.79
12/18/2009	DEPOSIT	DEPOSIT	0000000000	679.00	\$804.55
12/17/2009	CK CRD SIGNATURE PURCH	ALEXIAS PIZZA 4821714334435765	0000000000	30.08	\$125.55
12/17/2009	CK CRD PIN PURCHASE	GEISSLER'S SUPER MARKEGEI 5346	0000000000	22.12	\$155.63
12/16/2009	CK CRD PIN PURCHASE	OCEAN STATE JOB LOOCEAN S 5040	0000000000	22.15	\$177.75
12/16/2009	CK CRD PIN PURCHASE	MANCHESTER IRVINGMANCHEST 022	0000000000	46.84	\$199.90
12/15/2009	ACH WITHDRAWAL	Credit One Bank Payment 93	0000000935	40.00	\$246.74
12/15/2009	ACH WITHDRAWAL	GENESIS WEB BANK Payment 09	0000000937	45.00	\$286.74
12/15/2009	ACH WITHDRAWAL	JCPENNEY/GEMB CHECKPAYMT 09	0000000936	60.00	\$331.74
12/14/2009	CK CRD SIGNATURE PURCH	FAS 316 MART 1	0000000000	12.06	\$391.74
12/14/2009	CK CRD SIGNATURE PURCH	GEISSLER'S SUPERMA 1	0000000000	26.46	\$403.80
12/14/2009	POD INCLEARING CHECKS	PAID CHECK	0000000933	126.09	\$430.26
12/14/2009	CK CRD SIGNATURE PURCH	BJ'S WHOLESALE 184 53888743344	0000000000	132.47	\$556.35
12/14/2009	CK CRD SIGNATURE PURCH	BJ'S WHOLESALE 184 53889543344	0000000000	142.23	\$688.82
12/14/2009	ACH WITHDRAWAL	SEARS PAYMENT CHECK PYMT 09	0000000934	40.00	\$831.05
12/14/2009	CK CRD PIN PURCHASE	SOU JCPENNEY STORE 532SOU 0003	0000000000	65.00	\$871.05

----- End of Report -----

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## Transaction History

### Disclaimer

The transactions and balances shown below may differ from your records because it may not include deposits in progress, outstanding checks, or other withdrawals, payments, purchases or charges. This report is for information only.

#### Account Title/Address:

TODD SILBER  
73 FARNHAM RD

SOUTH WINDSOR, CT 06074

#### Customer Name:

TODD SILBER

Acct #: 0000396

Acct Type: VIP FREE INTEREST CHECKING

Balance: \$20.25

Total Available Balance: \$674.23

Last Statement Date: 01/20/2010

#### History search parameters

Transaction	Amount	Date
Type: All Items	From:	From: 12/14/2009
	To:	To: 01/22/2010

#### Pending Transactions

Post Date	Transaction Type	Description	Check #	Amount/Rate
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#### Posted Transactions

Post Date	Transaction Type	Description	Check #	Amount/Rate	Resulting Balance
01/05/2010	CK CRD SIGNATURE PURCH	GODADDY.COM 283000433443001030	0000000000	38.98	\$20.25
01/04/2010	ONLINE TRNSF-IMMEDIATE	TFR FR CK 0019654443	0000000000	25.00	\$59.23
12/14/2009	CK CRD SIGNATURE PURCH	HIGASHI JAPANESE R 00109843344	0000000000	13.55	\$34.23

End of Report

(13)

Unemployment  
Compensation (1)

10843

Claimant Account Inquiry

Name: TODD SILBER		Username: TSILBER1313 Friday, January 22, 2010	
Account Information			
Remaining balance on your unemployment insurance account		\$10,463.00	
Week ending date for which you last claimed benefits		January 16, 2010	
Date that your last claim certification was processed		January 17, 2010	
Your current claim certification filing choice		Electronic	
Payment Information			
Payment Issue Date	Week Ending Date(s)	Payment Amount	
January 19, 2010	January 16, 2010	\$679.00	
January 13, 2010	January 9, 2010	\$679.00	
Messages			

Current unemployment Pay scale and Remaining balance of this first filing. Again I have open 37 weeks of extended benefits beyond there is weeks IF I Need it.

I have enclosed my latest stub, but Also on my Transaction History Bank statement you will see weekly deposits of \$679.00

**UNEMPLOYMENT**  
Development  
Division of Unemployment Assistance

**Unemployment Insurance**  
**Benefit Claim Certification by Telephone or Web**

Your unemployment insurance benefits check is attached below. Before you cash the check, detach it and keep the stub for your records.

*Unemployment  
Compensation*



**File every week that you are unemployed or working part-time.** (If you worked full-time, you are not eligible for benefits for that week and should not file.)

**Here's how to file for benefits.**

✓ **Call:** 617-626-6338 or use the Internet. Go to [www.mass.gov/dua](http://www.mass.gov/dua) (follow the instructions on the screen).

✓ **Days/times to file:** Sunday to Friday, from 7:00 a.m. to 7:00 p.m. (same hours on the Internet)

Sunday is the first day of the week you can call to claim benefits for the previous week.  
Not available on Saturdays or legal holidays.

✓ **Information you will need:**

- ☐ Your Social Security Number
- ☐ For Telecert use your 4-digit Personal Identification Number (PIN). For WebCert log in with a User Name & Password.
- ☐ The amount of your gross earnings if you worked during the week claimed. Include holiday pay.

✓ **Answer these three questions:**

You are answering these questions only for the week that you are claiming benefits.

- ☐ During the week claimed, did you look for work?
- ☐ During the week claimed, were you able to work and available for work?
- ☐ During the week claimed, did you work or earn holiday pay?

Failure to report employment and wages while collecting Unemployment Insurance may result in penalties and/or prosecution. (If you answer "yes" to this question, you will be asked to enter the amount of your earnings in dollars and cents. Include holiday pay. If you do not know how much you earned, you will need to call Telecert again or use WebCert again to report your earnings. This may delay your benefits).

**To reactivate your claim:**

If you do not claim benefits for even one week - because you returned to work or another reason - your claim will "close". You may reactivate it by calling the DUA TeleClaim Center. Call one of the numbers below to speak to a claims agent.

Form 1042 Rev 01-08-10



**TeleClaim Center:** Call one of these numbers when you need to speak to a claims agent. Call 1-877-626-6800 if you are calling from area codes 351, 413, 508, 774, and 978. From any other area code, call 617-626-6800.

WEEK ENDING	GROSS EARNINGS	DEP ALLOW	DEDUCTIONS							NET-PAYMENT
			EARNINGS	PENSION	CHILD SUPP	OVER PYMT	FED TAX	STATE TAX	HEALTH INS	
01/16/10	0.00	25.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	679.00
SOC SEC ACCT NO XXX-XX-2236	BENEFIT RATE 629.00	CHECK NO 40-081300	CHECK DATE 01/19/10	CHECK AMOUNT 679.00	BALANCE 10463.00					

SEE OTHER  
SIDE FOR  
REMINDERS



15



**Reminders:**

- If you are receiving retirement benefits, severance pay, or other payments that you did not report previously to this agency, or if an amount you reported has changed, notify the TeleClaim Center as soon as possible.
- In order to maintain eligibility for Unemployment Insurance benefits, you are required to conduct an active search for work in each week in which you claim benefits.  
Go to [www.mass.gov/dua/worksearch](http://www.mass.gov/dua/worksearch) for more information.
- If you refused to work, quit a job or were fired from a job during the week you claimed and you have not notified this agency, contact the TeleClaim Center as soon as possible.
- Address Change? If your address has changed since you last claimed benefits, contact the TeleClaim Center for instructions.



**Caution!**

- To detect unreported earnings, this agency matches information on this form weekly with data submitted by all Massachusetts employers to the Department of Revenue. This agency also matches your records with those of other state and federal agencies to confirm that you are eligible for benefits.

**TeleClaim Center**



- Call one of these numbers when you need to speak to a claims agent. Call **1-877-626-6800** if you are calling from area codes 351, 413, 508, 774, and 978. From any other area code, call **1-617-626-6800**.

Unemployment  
Compensation ③

08/17/15

16

To whom it may concern,

Attached is my current Unemployment compensation stub. The stub reflects \$679 paid weekly, with a balance of \$10423.00 This Balance provides over 15 weeks of Unemployment compensation. However please understand that there are extensions that I will qualify for (since I was in the Auto Business) That will surpass your 9 month requirement.

15 weeks left currently

Plus the first extension: **October 2 Update:** Senator Max Baucus, Chairman of the Finance Committee, introduced legislation - the Emergency Unemployment Compensation Act of 2009 - that provides additional weeks of federal unemployment benefits to workers in all states. Baucus and Senate Majority Leader Harry Reid propose four extra weeks of extended unemployment benefits for all states, plus 13 additional weeks for the 27 hardest-hit states.

Connecticut falls in the parameter of the "27 hardest hit states".

This extension provides 17 more weeks

Second extension: **November 6 Update:** President Obama has signed the unemployment extension legislation. Check with your state unemployment office for details on when payments will start being made. The extension provides for 14 weeks of extended benefit coverage for every state and an additional 6 weeks, for a total of 20 weeks, in high unemployment states where unemployment is over 8.5%.

Again Connecticut is unfortunately over 8.5%

This extension provides another 20 weeks

Now these 2 first extensions alone plus my current benefit time is 52 weeks, totaling 1 year, surpassing your 9 month requirement.

Please understand I have no intention of staying unemployed that long however. Come spring time the latest, I will land back in a car dealership if need be. Please also understand I was laid off back in July of 09 and have gone through 90% of my savings. I did not think I would be unemployed this long. This is the down side to the auto Business, great, money while employed, but hi turn around. While employed in the Auto Business, my history and experience grants me a pretty high paying salary. So even though I was laid off in July, I was able to live off most of my savings and pay all my bills up until November. I hope that the fact I kept trying and staying above "water" for 5 months after my lay off before deciding I needed to ask for help will show for something of my character. I did not reach for handouts and help from all sources nor did I stop paying bills upon my layoff back in July. I fought every day to find work and stay on top of all my financial obligations. At this time I have to prioritize, I am the sole provider for my 2 children. My priorities are keeping my House, Keeping the heat and electricity on, and keeping



Unemployment  
Compensation (4)

8843

(17)

food on the table. As soon as GMAC can help me the better. Please also consider this, While unemployed I have continued to search for work, but also considered school. Currently there are programs that would allow me to go school for up to 40 weeks while maintaining my benefits. Going to school will allow me to further my education and get into another field of work with schooling backing. I only have a G.E. D. Education. I cannot go into any other field other then the "hi-risk" auto industry and make the good money I make. But it's a failing business and lest face it I have spent 10 of the last 15 months laid off and in and out of the car business. WHAT MY POINT IS... With a modification to my Loan. I could put myself through school right now (if I could get financial aid). And get myself into a new field of work with a proper education, that could avoid the turmoil's of the auto industry and at the same time severely reduce the chances of me having to go through these hard times again.

Sincerely Todd Silber

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Account Number 8843

Todd Silber

Documents received February 15, 2010

(19)

Loss Mitigation

233 Gilbratter Road Suite 600

Horsham PA. 19044

---

Todd Silber

Loan # 12,198,843

More unemployment info, including  
original Award Letter. Plus Benefit  
History and Time frame.

CALL ME Please if you need  
Anything ELSE



DEVAL L. PATRICK  
GOVERNOR

TIMOTHY P. MURRAY  
LT. GOVERNOR

THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT  
DEPARTMENT OF WORKFORCE DEVELOPMENT  
DIVISION OF UNEMPLOYMENT ASSISTANCE  
Pittsfield UITCC  
160 North Street Ste 302  
Pittsfield, MA 01201

20  
JOANNE F. GOLDSTEIN  
SECRETARY

MICHAEL TAYLOR  
DIRECTOR

JUDITH L. CICATIELLO  
DIRECTOR

DATE:

2-10-10

RE: Unemployment Insurance Benefits Verification

Enclosed is a printout which displays information relative to your unemployment insurance benefits. This was mailed to you as the result of a recent telephone request that the information be provided to you. If you did not request this information, please contact the Office of Internal Control & Security immediately at (617)626-6680

Thank you.

\*\$25 is added to the Unemployment Rate each week in accordance with the Federal Stimulus Package. This \$25 does not show on the attached printout but is represented by the asterisk to show that it was paid for the week.

UQS021

## BENEFIT DETERMINATION DETAIL

02-10-10 09:34

(21)

LO: 06-0 2236 001 SILBER TODD P ST: MA BYB: 10-18-09  
MONETARY SEQ NBR: 001 BP USED: PRIMARY  
WAGES BY EMPLOYER LATEST 10-01-08 01-01-09 04-01-09 07-01-09  
EMPLOYER W A S SEP DATE 12-31-08 03-31-09 06-30-09 09-30-09  
BALISE M 60-080510 S N N 07-27-09 0.00 3126.00 22174.89 10389.53  
HOFFMAN CT-000001 T 09-15-08 14341.00 0.00 0.00 0.00

TOTAL ELIG WAGES: 14341.00 3126.00 22174.89 10389.53  
TOTAL OF ALL QUARTERS: 50031.42

MONETARY STATUS: ELIGIBLE

MONETARY TYPE: R

AVG WEEKLY WAGE: 1405 BENEFIT CREDIT: 18011 BENEFIT RATE: 0629  
DEPENDENCY ALLOW: 0025 EARNINGS EXCL: 209.67 PAYMENT RATE: 0654  
POTENTIAL DURATION: 29 WEEKS COMP TYPE: % DETERM DATE: 11-05-09  
WKLY PEN DED(S): 0000 START DATE:  
CLOSE DATE: 00-00-00  
REMAINING BAL: 8576.00 OP REST AMT: .00 \*

NEXT TRAN:

I0544 FOR MORE RECORDS HIT XMIT

0602198843

UQS039

## SIGNING DATA SUMMARY SUPPLEMENT

02-10-10 09:35

22

LO: 06-0 ~~00000~~-2236 001 SILBER TODD P ST: MA BYB: 10-18-09

SN	SIGNING	CODES	LOST	NET	NET	P	AJ	CHECK	CHECK
#	W/E DATE	DATE	M T P CD	P/E	TIME	BEN	DA	G CK BEN	DA
12	01-09-10	01-12-10	T P 00 00	0.00	0.00	629.00*	25.00	R N 629.00	25.00
11	01-02-10	01-04-10	T P 00 00	0.00	0.00	629.00*	25.00	R N 629.00	25.00
10	12-26-09	12-28-09	T P 00 00	0.00	0.00	629.00*	25.00	R N 629.00	25.00
9	12-19-09	12-20-09	T P 00 00	0.00	0.00	629.00*	25.00	R N 629.00	25.00
8	12-12-09	12-14-09	T P 00 00	0.00	0.00	629.00*	25.00	R N 629.00	25.00
7	12-05-09	12-06-09	T P 00 00	0.00	0.00	629.00*	25.00	R N 629.00	25.00
6	11-28-09	11-29-09	T P 00 00	0.00	0.00	629.00*	25.00	R N 629.00	25.00
5	11-21-09	11-22-09	T P 00 00	0.00	0.00	629.00*	25.00	R N 629.00	25.00
4	11-14-09	11-15-09	T P 00 00	0.00	0.00	629.00*	25.00	R N 629.00	25.00
3	11-07-09	11-08-09	T P 00 00	0.00	0.00	629.00*	25.00	R N 629.00	25.00
2	10-31-09	11-01-09	T P 00 00	0.00	0.00	629.00*	25.00	R Y 629.00	25.00
1	10-24-09	10-25-09	T S 50 00	0.00	0.00	0.00	0.00	R N 0.00	0.00

NEXT TRAN: \_\_\_\_\_

I0518 NO MORE RECORDS TO DISPLAY

00021 70042

UQS027

## SIGNING DATA SUMMARY

02-10-10 09:35

23

LO: 06-0 2236 001 SILBER TODD P ST: MA BYB: 10-18-09

MOST REC EMPLOYER: 60-080510 XC: N ISS: BYE: 10-16-10 CREDIT:18011  
 BALISE MOTOR SALES CO APP PEND? N POP: R-BAL: 8576  
 ST DTE: 03-04-09 CURR P/E EMPS CURR DISQ ADJ PROC: BENRTE: 629  
 SEP DTE: 07-27-09 1: FR: 00-00-00 MON CMPLT? Y DA AMT: 25  
 RO W/E: 2: TO: 00-00-00 BP USED: PRI PENS: 0  
 FILE CHOICE: E CMMTS: - - TAX WITH? / OFFSET: 999  
 RO REAS: /STAT: PIN STAT: ACTIVE FYI: 00-00-00 SPEC MON? CHLD S: 0  
 PROF/PERM SEP :N HEALTH INS? WORKSHARE? N TEUC-A? PAYRTE: 654  
 SERVICE LANG :Z CURRENT PAY TYPE: DD STATUS:

SN	SIGNING	CODES	LOST	NET	NET	P	AJ	CHECK	CHECK
#	W/E DATE	DATE	M T P CD	P/E	TIME	BEN	DA	G CK BEN	DA
16	02-06-10	02-07-10	W P 00 00	0.00	0.00	629.00*	25.00	R N 629.00	25.00
15	01-30-10	02-01-10	T P 00 00	0.00	0.00	629.00*	25.00	R N 629.00	25.00
14	01-23-10	01-24-10	T P 00 00	0.00	0.00	629.00*	25.00	R N 629.00	25.00
13	01-16-10	01-17-10	T P 00 00	0.00	0.00	629.00*	25.00	R N 629.00	25.00

NEXT TRAN: \*

I0544 FOR MORE RECORDS HIT XMIT